pation or by the Gluck method. In women the catheterization of the ureters through the bladder may be attempted. In cases of calculi and suppurating kidneys an abdominal fistula may first be made and the urine of the bladder and fistula compared. In extra-peritoneal nephrectomy for tumors, abdominal incision or Simon's rectal exploration may be tried to determine the condition of the remaining kidney. —*Deutsch Zeitsch f. Chir.*,bd. xxiv; hft. 5 and 6.

HENRY KOPLIK (New York).

II. On the Operative Treatment of Nephritic Calculi. By DR. E. HERCZEL (Heidelberg). The operation of nephrolithotomy was suggested by Czerny in 1880, and first performed by E. Norris the same year. However, in many cases, where nephrolithiasis has long existed, this operation will not suffice, and nephrectomy must be resorted to. After detailing six cases illustrative of this point—all occuring in last year's service—he arrives at the following conclusions:

1. In nephritic calculi pyelo- or nephro lithotomy is to be considered as soon as the failure of internal treatment is shown, or the symptoms become urgent. In favor of the operation is the good prognosis (26 definite cures and 3 deaths in the 29 cases known to him), further the preservation of the kidney parenchyma in the presence of possible like disease in the other kidney. It is almost certain that calculi in young persons, usually more movable and consisting of oxalate of lime and uric acid, cause specially severe effects and are well suited to surgical treatment.

2. Examination of the kidney-pelvis by the needle is preferable to that by the finger. The incision should be made in the long axis of the pelvis as close to the parenchyma as possible since such fistulæ heal quicker than those of the beginning of the ureter. Where, as is usual, the calices are dilated they must be examined either digitally or with a knobbed (uterine) sound. A negative result of examination with the needle does not exclude calculi lying in the kidney.

3. Where the kidney-pelvis is healthy or there is but slight pyelitis, catgut suture of the opened pelvis, *a la* Czerny's intestinal suture, after previous fixation with two loops of thread, is to be recommended. In this way the dangers of urine-infiltration or of the development of

a urinary fistula are avoided, and the duration of cure is materially shortened.

4. Nephrectomy for calculous kidney is admissible in multiple concretions, where scarcely any functionating substance remains, in the presence of suppurative pyelitis or great dilatation of the pelvis, provided the other kidney is healthy.

5. In chronic nephritic suppuration nephrotomy should first be performed and nephrectomy only secondarily after improvement of the general condition and where the other kidney is functionally intact.

6. The question as to the time when recognized internal treatment of nephritic calculus should give place to surgical must be determined individually in each case.—*Wien. Med. Wochr.* 1887, Nos. 51 and 52.

W. BROWNING (Brooklyn).

III. On Nephrolithotomy in Anuria from Impaction of Calculus. By DR. JAMES ISRAEL (Berlin). According to the author but three cases of this operation, besides his own, have been reported; namely, one by Bardenheuer in 1882, one by F. Lange in 1886, and another by von Bergmann in 1887. Author's case was as follows:

Pat., æt. 49 years, a male, had suffered for a long time from frequent attacks of gout and renal colic on the right side, together with the passing of calculi. Four days previously a severe attack of the latter had forced him to keep his bed. On the day of the author's visit he had passed no water at all. Examination showed cardiac enlargement to the left, with insufficiency of the aortic valves, bronchial catarrh, and, on pressure, greater resistance between the ribs and pelvis on the left side with increased tenderness. The skin was moist, and exuded a distinct odor of urine. Sensorium was clear but pat. had the appearance of being somewhat intoxicated. The following day the symptoms having become much more alarming, an operation was undertaken. Patient was placed on the right side. The incision began at the 12th rib, at the point where it is crossed by the sacro lumbalis muscle, and passed obliquely downwards and anteriorly to the crest of the ilium. The kidney was of enormous size and dark blue in color. The first incision, being found inadequate to enable the operator to